Results: There was a total of 296 qualifying episodes of AF from 42 recordings. The table summarises the comparisons between day and night-time episodes. HR prior AF was slower ($p < 0.0001$; Wilcoxon test) during the night, but other differences were non-significant.

Comparison between mode of AF onset at night and during day

	Number	Mean HR	Δ mean HR	'NNN'	'NSN'	'NLS'
Day	131	75.6 bpm	−0.1%	77.1%	2.3%	2.3%
Night	165	82.2 bpm	+0.3%	87.0%	6.7%	3.0%

Conclusion: Apart from underlying HR, the mode of AF initiation does not differ during sympathetic and parasympathetic predominance.

9:15

836-4 Prevalence of the Sympathetic Influence Before Atrial Fibrillation Onset in the So-Called "Vagal Paroxysmal Atrial Fibrillation Patients"

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To evaluate the influence of the autonomic nervous system (ANS) on paroxysmal atrial fibrillation (PAF) onset in patients (pts) with either nocturnal or "vagal pattern", we studied 45 pts with a poligraphic analysis of sleep and Holter monitoring after a complete drugs wash-out. We used a Marquette series 8000 Holter with heart rate variability (HRV) software and defined the low frequencies (LF) (0.04–0.15 Hz) and high frequencies (HF) (0.15–0.40 Hz) ratio for all the sleep stages and at the PAF onset (10 minutes before). Spectral measures were computed over 2 minutes samples. 25 pts had no atrial fibrillation episodes, 5 pts had continuos atrial fibrillation rhythm. The 15 pts with documented PAF onset were selected for power spectral analysis of the Holter recordings.

	Wake	Phase 1–2	Phase 3–4	REM
- LF/HF	2.14 ± 0.63*	0.89 ± 0.10**	1.01 ± 0.42*	1.82 ± 0.38
- LF/HF at PAF onset	1.85 ± 0.56	1.41 ± 0.20***	2.10 ± 0.36	1.54 ± 0.56
- n PAF onset	14	12	2	3

* = $p < 0.0001$ vs 1–2 and 3–4; ** = $p < 0.0001$ vs REM; * = $p < 0.006$ vs REM *** = $p < 0.0001$ vs basal.

In conclusion, pts with apparent "vagal pattern" of PAF present a regular prevalence of the sympathetic and parasympathetic components during the different sleep stages. A sympathetic influence before PAF onset is prevalent expecially during the superficial sleep phase 1–2.

9:30

836-5 Atrial Arrhythmias Early After Cardioversion Predict Recurrence of Atrial Fibrillation

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Background: The recurrence of atrial fibrillation (AF) after electrical cardioversion (ECV) is frequent and affected by many factors. We assessed whether the atrial ectopic activity found in a Holter recording (HR) immediately after ECV for AF is predictive of future recurrence of this arrhythmia.

Methods: A total of 53 patients (pts) (31 males, mean age 58 ± 12) with AF of varying duration and etiology, underwent a 24 hour HR immediately after successful ECV. All had undergone an echocardiographic evaluation to estimate left atrial size (LA). They were followed for one year after EC, on the same medication that they were receiving at the time of ECV (amiodarone 14, Propafenone: 16, both: 12, sotalol: 11). From the HR the total number of atrial premature complexes (APCs) of the first six hours (6HAPs) and the average number of APCs per hour of the whole recording (HAPCs) were calculated and for statistical analysis their natural logarithms (ln) were computed. The endpoint of the study was recurrence of the arrhythmia at one year.

Results: A total of 25 pts (47%) had AF recurrence at one year. Significant differences were found in the comparison of ln6HAPCs and lnHAPCs between the two groups, while left atrial size (LA) or medication were not significantly different.

AF rec.	LA	HAPCs	6 APCs	ln6APCs	lnHAPCs
Yes	4.86 ± 0.7	55 ± 113	393 ± 854	5.0 ± 1.3	3.0 ± 1.3
No	5.06 ± 0.9	6 ± 5	42 ± 40	3.3 ± 1.2*	1.4 ± 1.1*

*$p < 0.0001$

The recording of 10 APCs per hour in the HR after ECV had a sensitivity of 70%, a specificity of 77%, a positive predictive value of 70% and negative predictive value of 77% for recurrence of AF in the first year after ECV.

Conclusion: The number of APCs in a HR after ECV for AF can identify pts at high risk for recurrence of AF who might need optimization or change of treatment, even before discharge, and more careful follow-up.

9:45

836-6 Identification of Hypertensive Patients With Atrial Fibrillation: Left Atrial Size, Signal Averaged P-Wave, or Both?

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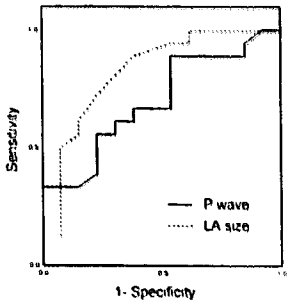
Background: Hypertension is the most common cause of atrial fibrillation (AF) in clinical practice. The duration of the P wave in the signal-averaged electrocardiogram (pSAECG) has been used to identify pts at risk for AF, but its value in hypertensive heart disease has not been specifically assessed.

Methods: We compared the diagnostic performance (ROC curves) of the left atrial (LA) size and the pSAECG in 31 pts with hypertensive heart disease (18 with a history of AF). The pSAECG was recorded in orthogonal XYZ leads with Marquette Electronics, Inc. software.

Results: Both tests identified pts with AF, but the overall performance of LA size was superior (area under the ROC curve 0.81 vs. 0.70; 2-tailed $p = 0.20$). The best cutoff of LA ≥44 mm had sensitivity of 61% and specificity of 85%. The best cutoff of filtered P wave ≥150 ms had sensitivity of 61% and specificity of 70%. The combination of both signs had a sensitivity of 27% and a specificity of 92% (only 1 of the 13 pts without AF had both signs).



Conclusions: pSAECG does not appear to be particularly efficient in identifying hypertensives with AF. Its main clinical value may reside in its use in combination with other clinical markers, like LA size.

837 New Findings Into the Use of GpIIb/IIIa Receptor Antagonists: Highlighted Abstract Session With Discussion of Current Perspectives

Tuesday, March 31, 1998, 8:30 a.m.–10:00 a.m.
Georgia World Congress Center, Lecture Hall 2

8:45

837-2 Disagreement Between Site Investigators and Clinical Event Committees is Common and Can Affect Trial Results

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Background: A centralized Clinical Events Committee (CEC) review process was used to adjudicate suspected clinical endpoint events in four large, randomized multicenter clinical trials.

Methods: We compared the primary endpoint event rates determined by data on the Case Report Form (CRF) with the event rates reported by the CEC (see table).

Results: The event rates reported by the CEC were typically higher than those reported by investigators on the CRF. The effect on the statistical

	CRF			CEC		
	Control	Study	P	Control	Study	P
EPIC	12.4%	9.0%	0.120	12.8%	8.3%	0.009
IMPACT-II	7.8%	5.5%	0.018	11.4%	9.2%	0.063
GUSTO-IIb	9.6%	8.4%	0.016	9.8%	8.9%	0.058
PURSUIT	10.0%	8.0%	0.0007	15.7%	14.2%	0.042

TUESDAY ORAL